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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/606,709
Filing Date	06/26/2003
First Named Inventor	Squilla, John R.
Art Unit	
Examiner Name	
Attorney Docket Number	85296SLP

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 70523

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with
Customer Number:

70523

OR

<input type="checkbox"/> Firm or Individual Name					
Address					
City		State		Zip	
Country					
Telephone		Email			

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

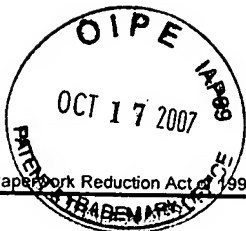
Signature			
Name	Mark G. Bocchetti, Assistant General Counsel and Director, Patent Legal Staff, Eastman Kodak Company		
Date	May 10, 2007	Telephone	(585) 477-3395

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 2 forms are submitted.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



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Approved for use through 09/30/2007. OMB 0651-0031
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STATEMENT UNDER 37 CFR 3.73(b)

Applicant/Patent Owner: Eastman Kodak Company

Application No./Patent No.: 10/606,709 Filed/Issue Date: 06/26/2003

Entitled: A METHOD FOR DETERMINING DENTAL ALIGNMENT USING RADIOGRAPHS

Eastman Kodak Company, a New Jersey Company
(Name of Assignee) (Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or
2. ☐ an assignee of less than the entire right, title and interest
(The extent (by percentage) of its ownership interest is _____ %)

in the patent application/patent identified above by virtue of either:

A. ☐ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.

OR

B. ☒ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as follows:

1. From: Squilla, John R. et al. To: Eastman Kodak Company
The document was recorded in the United States Patent and Trademark Office at
Reel 14240, Frame 180-182, or for which a copy thereof is attached.
2. From: _____ To: _____
The document was recorded in the United States Patent and Trademark Office at
Reel _____, Frame _____, or for which a copy thereof is attached.
3. From: _____ To: _____
The document was recorded in the United States Patent and Trademark Office at
Reel _____, Frame _____, or for which a copy thereof is attached.

☐ Additional documents in the chain of title are listed on a supplemental sheet.

☐ As required by 37 CFR 3.73(b)(1)(i), the documentary evidence of the chain of title from the original owner to the assignee was, or concurrently is being, submitted for recordation pursuant to 37 CFR 3.11.

[NOTE: A separate copy (i.e., a true copy of the original assignment document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, to record the assignment in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

Mark G. Bocchetti
Signature

May 10, 2007
Date

Mark G. Bocchetti, Assistant General Counsel

Printed or Typed Name

(585) 477-3395

Telephone Number

Director Patent Legal Staff, Eastman Kodak Company

Title

This collection of information is required by 37 CFR 3.73(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



Docket 85296SLP
Customer No. 70523

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

First Named Inventor:

John R. Squilla

A METHOD FOR DETERMINING
DENTAL ALIGNMENT USING
RADIOGRAPHS

Serial No. 10/606,709

Filed: June 26, 2003

Commissioner for Patents
P.O. Box 1450
Alexandria, VA. 22313-1450

Sir:

I hereby certify that this correspondence is being deposited today with the United States Postal Service as first class mail in an envelope addressed to Commissioner For Patents, P.O. Box 1450, Alexandria, VA 22313-1450.


Drew Little

10/15/07
Date

**RESUBMITTAL OF
REVOCATION OF POWER OF ATTORNEY WITH
NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE**

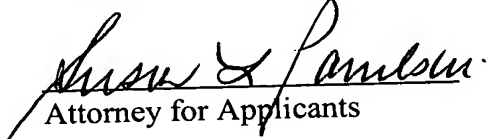
Applicant previously submitted a Revocation of Power of Attorney With New Power of Attorney and Change of Correspondence Address for the above-identified patent application. However, since Applicant's USPTO Registration Number was not recorded under Applicant's Customer Number of 70523 (Carestream Health, Inc), the Revocation of Power of Attorney With New Power of Attorney and Change of Correspondence Address was not recorded by the USPTO.

Applicant's USPTO Registration Number is now properly recorded under Applicant's Customer Number of 70523 (Carestream Health, Inc).

Applicant hereby resubmits a copy of the Revocation of Power of Attorney With New Power of Attorney and Change of Correspondence Address, and requests that it be recorded.

Respectfully submitted,

Susan L. Parulski/dll
Carestream Health, Inc.
Telephone: 585-724-9401
Facsimile: 585-724-9400


Attorney for Applicants

Registration No. 39,324

If the Examiner is unable to reach the Applicant(s) Attorney at the telephone number provided, the Examiner is requested to communicate with Carestream Health, Inc. at 585/724-9409 or 585/724-9490.